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Draft country programme document**

Morocco

Summary

The draft country programme document for Morocco is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of $6.7 million from regular resources, subject to the availability of funds, and $11 million in other resources, subject to the availability of specific-purpose contributions, for the period 2007-2011.

* E/ICEF/2006/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8/Rev.1), the present document will be revised and posted on the UNICEF website in October 2006, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2007.

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Basic data[†] *(2004 unless otherwise stated)*	
Child population (millions, under 18 years)	11.7
U5MR (per 1,000 live births)	43
Underweight (% moderate and severe, 2003-2004)	10
Maternal mortality ratio (per 100,000 live births, 1994-2003)	230
Primary school enrolment (% net, male/female)	91/87
Primary schoolchildren reaching grade 5 (%)	86
Use of improved drinking water sources (%)	80
Adult HIV prevalence rate (%)	0.1
Child work (%, children 5-14 years old)	11
GNI per capita (US$)	1 520
One-year-olds immunized against DPT3 (%)	97
One-year-olds immunized against measles (%)	95

[†] More comprehensive country data on children and women are available at www.unicef.org.

The situation of children and women

1. Morocco has carried out a series of legislative, social, economic and political reforms to encourage the emergence of a democratic civil society. The country has harmonized its legislation with international norms and applied many recommendations of the Committee on the Rights of the Child. It has ratified the optional protocols to the Convention on the Rights of the Child and Conventions Nos. 138 and 182 of the International Labour Organization (ILO). In 2003, it drafted a new Family Code in a move that was revolutionary for the Islamic and Arab world. In 2005, Morocco lifted the only reservation it had made upon ratification of the Convention on the Rights of the Child, relating to article 14 on freedom of religion. A National Plan of Action entitled "A Morocco Fit for Children" was prepared in 2005. Since 2002, the Government has been taking steps to ensure that consideration for gender equality is reflected appropriately in the sectoral budgets.

2. According to the National Initiative for Human Development (INDH), launched by His Majesty the King on 18 May 2005, 38 per cent of the population is living in a vulnerable situation (less than $500 per person per year) and 13.5 per cent of the population is living below the poverty threshold (less than $380 per person per year). Four million people live in unserviced neighbourhoods.

3. Morocco has made progress on decentralizing the management of local affairs. However, efforts have had a limited impact thus far owing to the lack of coordination, integration, clearly defined responsibilities, and mechanisms for community and partner participation. Moreover, it has proven difficult to decentralize human and budgetary resources.

4. According to the 2005 national report on the Millennium Development Goals, Morocco will attain goals 1 and 2, relating to poverty and universal primary education. The country is on the right track regarding goal 6, on reversing the spread of HIV/AIDS, and goal 8, on developing a partnership for development. Goal 7, on environmental sustainability, will be achieved by 2007, provided the National Action Plan for the Environment is implemented as planned. Morocco has made

progress on goal 3, but significant disparities between women and men remain. Morocco continues to face head on the challenges presented by goals 4 and 5: between 2003 and 2015, the maternal-mortality ratio should fall from 230 to 83 per 100,000 live births and the child-mortality rate should fall from 40 to 23 per 1,000 live births.

5. Almost 1,500 women die from birth-related complications each year, especially in rural areas. Neonatal mortality (57 per cent of infant and child mortality) remains the largest obstacle to reducing the under-five mortality rate. Disparities between urban and rural areas are high. Access to health care is low: two thirds of sick children are not taken to health-care services by their parents. At the national level, there is a ratio of one doctor to every 1,840 inhabitants. As regards basic health services, there is one centre for every 12,000 inhabitants; however, 240 rural health centres are closed owing to a lack of qualified staff.

6. Between 1987 and 2003, the underweight ratio fell from 20 to 10 per cent, while the ratio of wasting rose from 3 to 9 per cent (11 per cent in rural areas). Iodine deficiency affects 22 per cent of school-age children. Vitamin A deficiency affects 41 per cent of children aged from six months to six years at the national level; 32 per cent of children aged from six months to five years have an iron deficiency. One third of women of childbearing age and 45 per cent of pregnant women are anaemic.

7. Although the prevalence of HIV/AIDS is still relatively low, it has risen in the past three years, with 726 cases between 2003 and 2005 as against 391 cases between 2000 and 2002. The under-15-year-old age group accounts for 3 per cent of registered cases. Heterosexuality is still the main mode of transmission (76 per cent of cases). Sex workers are major potential carriers. Sentinel surveillance among pregnant women reveals an incidence ranging from 0.10 to 0.13 per cent between 2002 and 2005. The Government has still not developed policies on prevention of mother-to-child transmission of HIV or provision of comprehensive treatment for child victims of AIDS. The incidence of sexually transmitted diseases is high; on average, 375,000 new cases are registered each year.

8. Overall primary-school enrolment rose by 30 per cent in the past 10 years and the disparity between girls and boys fell from 14 to 5 points. However, implementation of education reform, begun in 2000, has been delayed. The illiteracy rate remains very high: 48 per cent at the national level and 67 per cent in rural areas. Among young girls aged between 15 and 24, the illiteracy rate is 39.5 per cent, rising to almost 50 per cent in rural areas. The system's internal efficiency remains poor: 4 out of 10 children do not finish primary school. Measurements of learning achievements do not show any improvement since 2000. Only 50 per cent of four- and five-year-olds (and only 17 per cent of girls in rural areas) are accepted by preschools, a private system that increases inequalities. School does not prepare young people properly for their integration into society and the workforce. Since 2005, the Department of Education has allocated additional efforts and resources to the quality of education in an effort to combat school dropout.

9. Over 600,000 children aged between 7 and 14 are at work, and serious forms of child labour persist to this day. Legislative loopholes persist, especially in the case of domestic work and handicrafts.

10. The number of children living in institutions rose from 29,304 in 2002 to 46,500 in 2004. Only 1 per cent of these children are orphans. Violence against children remains a common and legitimate practice in families, institutions and the workplace. Child sexual exploitation is on the rise. Child protection lacks social services for care and rehabilitation. Existing governmental and non-governmental structures lack qualified human resources and funds. Child protection is at the heart of a public debate and clear guidelines are being drawn up. The number of minors in child-protection centres comes to 5,731 (including 1,066 girls). Approximately 2,600 under-18-year-olds who have committed more serious crimes are in prison.

11. The National Initiative for Human Development (INDH) is a long-term project that aims to reduce poverty, vulnerability, precariousness and social exclusion and create a lasting dynamic for the well-being of the population as a whole. The Initiative uses a participatory process for drawing up local human-development plans. It is to be implemented by way of a political process based on consolidation of democracy and the rule of law, promotion of human rights and community participation. For the period 2006-2010, four programmes have been designed: (a) combating rural poverty in the 360 poorest rural communes; (b) combating exclusion in 250 urban areas; (c) combating precariousness among marginalized groups; and (d) establishing a cross-sectoral programme in support of human development.

Key results and lessons learned from previous cooperation, 2002-2006

Key results achieved

12. A model for improving the quality of schooling has been designed, implemented, evaluated, validated and adopted. The model calls for the participation of all education stakeholders, including families and local politicians. For the period 2002-2005, an estimated 20,000 children were prevented from dropping out of school in vulnerable areas. Today, the process has been extended owing to the involvement of other partners, including the World Bank and bilateral donors.

13. By supplying vaccines, the country programme has enabled the immunization coverage rate to be maintained at 95 per cent and new antigens to be introduced. Microplanning on immunization has allowed for catching-up actions in pockets with poor coverage and a vulnerable population. Almost 90 per cent of the cooking oil available on the market is enriched with vitamins A and D3.

14. On the basis of a special allocation of public funds, the "Fez model" for combating child labour is being replicated in other cities around the country. In Fez, this programme has enabled almost 600 under-12-year-olds to be taken out of employment and sent to school. In an area that is particularly difficult, this endorses the success of the approach developed by the programme in cooperation with the ILO International Programme on the Elimination of Child Labour.

15. The programme has put in place a communal information system for diagnostic studies and participatory plans targeting children and women, enabling a model of decentralized governance against poverty in rural areas to be developed. This model integrates community-based initiatives, the most current of which are the "Dar Al Oumouma" (waiting homes for pregnant women) and community mutual funds (to give the poorest population access to essential drugs). These

initiatives have been adopted by the National Initiative for Human Development and will be extended to the national level as part of its programme to combat poverty.

16. The programme responded efficiently to the natural emergency created by the earthquake of February 2004. UNICEF played a leading role within the United Nations system in assessing the situation, advocating a return to normality and ensuring respect for children's rights. It also put in place mechanisms to strengthen the capacity of partners and appropriate services for education, protection, psychological support and health.

Lessons learned

17. It is essential for partners operating centrally to be involved in decentralized activities if actions are to be replicated and sustainable. The programme has demonstrated, in various fields, its capacity to develop models on the ground for promoting the rights of the child that have since been adopted as country-level approaches.

18. Advocacy strategies have enhanced the priority given to children in the political agenda, including in the Labour Code, Family Code, criminal procedure, Code of Criminal Procedures and the National Plan of Action for Children.

19. The external evaluation of the country programme showed that it did not pay enough attention to the family, the main player in the consolidation of the rights of the child. The evaluation also highlighted the need to ensure that children are involved in all the components of the programme.

20. The evaluation and midterm review revealed that activities on the ground are too numerous and too widely scattered vis-à-vis the financial and human resources that are available. This has affected the monitoring and impact of such activities.

21. The programme has introduced a rights-based approach to United Nations partners, the Government and civil society. This approach has generated much interest. The challenge today is to institutionalize that approach and train human resources.

The country programme, 2007-2011

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Children's and women's health	1 025	3 000	4 025
Quality education	1 400	3 400	4 800
Child protection	1 200	2 400	3 600
Combating children's vulnerability in rural areas	950	1 000	1 950
Social policy and advocacy	1 125	1 000	2 125
Cross-sectoral costs	1 000	200	1 200
Total	**6 700**	**11 000**	**17 700**

Preparation process

22. The country programme 2007-2011 is the result of a highly inclusive and participatory process that began with the midterm review, the programme evaluation, the preparation of the common country assessment (CCA) and the definition of the development objectives and priorities of the United Nations Development Assistance Framework (UNDAF). A group of experts on women and children was consulted to identify the challenges to be met and the value added by UNICEF. This was followed by consultations with the main partners, the regional office and the Ministry of Foreign Affairs, which plays the role of coordinator.

Goals, key results and strategies

23. The general aim of the country programme is to create an environment fit for children, thereby helping to attain the Millennium Development Goals and reduce the percentage of people living below the vulnerability threshold, in accordance with the National Initiative for Human Development.

24. The country programme will target three focus areas affecting the lives of children and women: the family, institutional arrangement and socio-political issues. It will seek to strengthen the capacity of families to assume their obligations and assert their rights, with a special emphasis on gender issues. Regarding institutions and organizations, it will seek to clarify roles and responsibilities and compensate for the failings that impair the realization of children's rights. At the socio-political level, the programme will undertake advocacy work based on an in depth and ongoing analysis of the situation of children and women, with a view to adopting policies that benefit children, improving the skills of human resources and allocating adequate funds.

25. The programme will concentrate on realizing the rights of children and women living in the pockets of poverty and exclusion identified by the National Initiative, in the following focus areas: (a) maternal and neonatal health, including early-childhood development; (b) the quality of basic education; (c) child protection; (d) combating the vulnerability of children in rural areas; and (e) support for a social policy, partnerships and social mobilization in favour of the rights of the child.

26. Specific actions will target the immediate underlying and structural causes of the non-realization of children's rights. Technical and programmatic support will be given with a view to building the capacity of those involved in the programme. The partnership with the United Nations system will help accelerate attainment of the Millennium Development Goals and programme results. The programme will remain within the convergence zones of the previous programme in order to capitalize on achievements made in boosting advocacy for extending good practice to the national level.

27. The key results expected at the national level in 2011 are as follows: (a) 80 per cent of families will be using iodized salt and enriched flour and oil; (b) the overall primary-school enrolment rate for girls in rural areas will have risen from 84 to 95 per cent; (c) legislation relating to protection will have been harmonized and adopted by the end of 2009; (d) participatory strategic planning will have been replicated in the rural communes identified in the National Initiative; (e) an integrated system for collecting and analysing strategic information will be in place; (f) strategies for targeted advocacy, communication and partnerships will have been

implemented; and (g) mechanisms for the participation of children and young people in decision-making will have been institutionalized. In the convergence zones, (a) prenatal-care and assisted-childbirth coverage will have risen by 20 per cent and neonatal-mortality will have fallen by 10 points; (b) in 10 regions, all women admitted to maternal-health services will have access to voluntary HIV/AIDS testing and counselling; (c) a social-protection system will have been developed and will be operational in four regions by the end of 2010; and (d) the institutional capacity for consolidating and developing the community-based projects adopted by the National Initiative for Human Development will have been strengthened.

Relationship to national priorities and the UNDAF

28. The programme will come within the framework of the National Initiative for Human Development and the National Plan of Action for Children. It will help achieve the UNDAF objectives in such areas as reduction of the rural population's vulnerability, enhancement of human and social capital, empowerment of women and girls, human development and governance.

Relationship to international priorities

29. The programme will contribute towards attainment of the first six Millennium Development Goals and will be part of Morocco's commitment to creating "A world fit for children" and to achieving the objectives of the special session of the General Assembly on HIV/AIDS through implementation of the National Plan of Action for Children. It takes account of the priorities of the UNICEF medium-term strategic plan 2006-2009.

Programme components

30. **The children's and women's health programme** focuses on access by the most vulnerable populations to basic health care and to the introduction of high-impact health care. Partnership with closely involved social interlocutors, local leaders and politicians, village associations, etc. will be given priority. An education programme for early-childhood health and development targeting communities and involving specialist staff will be put in place. Implementation will be at two levels, national and local, in order to target underprivileged communities in convergence zones.

31. This programme has four components: (a) reduction of maternal and neonatal mortality; (b) nutrition, focusing on low breastfeeding rates and high prevalence of micronutrient deficiency; (c) education with respect to early-childhood health and development; and (d) efforts to combat mother-to-child transmission of HIV, and information for risk groups among young people and adolescents, in line with the National Programme to Combat HIV/AIDS. In the convergence zones, (a) neonatal mortality will be reduced by 10 points; (b) prenatal-care and assisted-childbirth coverage will rise by 20 per cent; and (c) in 10 regions, all women admitted to family-planning services and prenatal consultations will be offered voluntary HIV/AIDS testing and counselling, and all women testing positive will be offered treatment, as will their children.

32. The nutrition component will aim to have 80 per cent of families using iodized salt and enriched flour and oil at the national level. This will be achieved on the

basis of appropriate legislation, a system of quality control, expanded public-private partnerships and targeted advocacy among decision makers, producers and families. The programme will continue to offer vitamin A supplements to under-five-year-olds. The exclusive breastfeeding rate will rise by 15 per cent at the national level. A special emphasis will be placed on enhancing the expertise of health-care professionals and on raising people's awareness in order to reverse the downward trend over the past 15 years.

33. **Quality education**. The programme will help meet the national objective of basic education for all by putting in place norms and mechanisms for monitoring the quality of the education system. It will target all the formal and non-formal structures that contribute to the education of children and the family. The school dropout rate will be reduced, as will the disparities in preschool, primary and college education between girls and boys and between different areas, especially in the programme's target areas. The programme will combine advocacy work with training of human resources and will work at the national, regional and local levels. Families and all educational institutions will be the subject of a participatory and systemic approach that considers both demand and supply and comprises both community-based and teaching aspects.

34. The programme will have two components: (a) combating school dropout; and (b) augmenting the psychosocial skills of adolescents, including the ability to protect themselves against HIV/AIDS. At the national level, the programme will support the Ministry in defining quality standards for the entire education system, as well as responsibilities and monitoring mechanisms involving a rights-based approach. It will accompany the Government in putting in place systems for certification and for facilitating the transition from basic education to professional employment. On the ground, in its initial phase, the programme will target pockets of poverty in six regions before being extended, through sponsorship, to pockets of poverty in neighbouring regions.

35. The key results expected are as follows: (a) overall primary-school enrolment for girls in rural areas of 95 per cent; (b) overall school enrolment for girls aged 6 to 15 of 86 per cent; and (c) a set of standards and mechanisms, designed and adopted at the national level, for monitoring quality at all levels of the education system.

36. **The child-protection programme** gives priority to putting in place a State system for the protection of the most vulnerable and excluded children, the harmonization of laws with international instruments and the implementation of domestic legislation. The objective will be to support decision makers in creating an institutional and legal environment and a network of services that guarantee the protection of children against all forms of violence, abuse and exploitation. The capacity of those involved on the ground will be strengthened in order to support the most vulnerable children and families, with particular attention to girls. The programme will enjoy national coverage and take direct action in the four target areas, thereby ensuring continuity with the previous programme.

37. The programme will have two components: (a) a national policy to prevent and combat violence, abuse and exploitation relating to children; and (b) legislation on child protection. The first component will help put in place an integrated system comprising measures relating to prevention, identification and immediate action, as well as services and mechanisms relating to protection. The second component will support: (a) the revision and harmonization of legislative texts; (b) the preparation

of training modules on juvenile justice, the Penal Code and the Family Code; and (c) offering these modules to key partners in the convergence zones.

38. The results expected are as follows: (a) the development of a national protection system that is operational in four regions by the end of 2010; (b) the adoption of harmonized legislation on protection by the end of 2009; and (c) the involvement of key individuals who will be familiar with and apply laws on child protection.

39. **The programme to combat the vulnerability of children in rural areas** supports Morocco's determination to reduce poverty in rural areas and improve the quality of life of marginalized populations by focusing on institutionalizing and extending methods relating to community-based diagnostic studies, planning and budgeting for children and women. The programme will be accompanied by the replication and training processes needed to extend the approach of the Communal Development Plan for Children (PDCE) in the 360 rural communes targeted by the National Initiative for Human Development, totalling 3.5 million inhabitants. The principles of participatory planning and programme convergence will be applied effectively from the very first year of the programme.

40. The programme will have two components: (a) institutionalization of participatory planning in favour of children, in line with the PDCE model developed within the framework of the 2002-2006 programme; and (b) training public and non-governmental partners in strengthening community participation and establishing good local governance to promote women's and children's rights.

41. Community-based projects in the four pilot communes of the previous programme will continue to be promoted in order to maintain and develop reference models. This includes planning processes and the development of community services.

42. The results expected are as follows: (a) local committees in the rural communes identified by the National Initiative for Human Development will apply the basic concepts of decentralized participatory strategic planning for children; (b) the communal information system will be operational in the rural communes identified by the National Initiative; and (c) institutional capacity in the target areas will be strengthened so as to consolidate and develop the community-based projects adopted by the National Initiative.

43. **Social policies and advocacy**. The programme has three interdependent components. The first seeks to put in place a national system for monitoring and drafting reports on the Convention on the Rights of the Child; to collect sectoral and decentralized data on children; and to analyse the impact of social and budgetary policies on children. The second component seeks to develop and implement an integrated advocacy and communication plan with a view to enhancing discussions on the situation of children in key public bodies, such as the National Congress on the Rights of Children, the Government, Parliament, academic and scientific forums, non-governmental organizations (NGOs), opinion makers, the private sector, the world of the arts, sport and the media, and young people. The third component will focus on promoting children's and young people's right to participation by strengthening the models that enable them to be involved in developing and implementing programmes that concern them. The partnership with youth structures, the children's parliament, scouts, youth centres and school clubs

will be strengthened by placing a special emphasis on the most excluded children and on girls. Building institutional capacity and equipping adults with a view to mainstreaming child participation into development programmes will be two fundamental elements of this process.

44. The results expected are as follows: (a) an integrated system for collecting and analysing strategic information on, and periodically reporting on, the situation of children in Morocco; (b) qualitative and quantitative changes in policies and budgets in favour of women and children, in particularly the most excluded; (c) strengthened and institutionalized mechanisms for children's and young people's participation in decision-making; and (d) effective advocacy, communication and partnership strategies.

45. The country office's emergency preparedness plan is updated annually. The office will work on putting in place emergency early warning and response systems in the context of integrated actions by the United Nations system, by targeting specific responses to the situation of children and women in emergencies. Measures to address the effects of avian flu will be strengthened, including the capacity of relevant partners and assistance in terms of medical equipment and supplies.

46. **Cross-sectoral costs** will cover the salaries of staff involved in cross-sectoral duties, programme coordination, supplies, monitoring and evaluation, and the purchase of essential supplies.

Major partnerships

47. The programme will strengthen existing partnerships with multilateral and bilateral agencies, NGOs and civil society. This partnership will be strengthened through sectoral and thematic consultation. Cooperation with United Nations agencies will be strengthened through UNDAF.

Monitoring, evaluation and programme management

48. An integrated monitoring and evaluation plan will be drawn up and reviewed in detail during the annual, midterm and end-of-cycle reviews. Recommendations contained in studies will feed into annual work plans and managerial decisions. Progress relating to the Convention on the Rights of the Child and the Millennium Development Goals will be monitored through the regular reports of the DevInfo system. Data produced by this system will be complemented by surveys and research. An end-of-cycle evaluation of UNDAF will measure the performance of the United Nations team and the results and processes of joint programming.

49. Each programme will be managed by a coordination committee bringing together, under the responsibility of the supervising ministry, representatives of institutions and associations at the national, regional and local levels. A steering committee composed of representatives of each programme will be responsible for reviewing the programme as a whole, under the chairmanship of the Ministry of Foreign Affairs.

50. The office will manage and monitor activities by conducting field visits and reviewing teams and committees. Quarterly meetings will be organized in order to monitor the integrated monitoring and evaluation plan. Performance indicators for the country programme will be analysed during monthly reviews of the local management team and annual management reviews.